## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N93000005185

Corporation Name	300000100
SUMMER LAKES EAST HOME	OWNERS ASSOCIATION, INC.
Principal Place of Business 4131 GUNN HWY TAMPA FL 33624 US	Mailing Address 700 NW. 107 AVE. 4131 Gunntlus MAMIFL 53172 Tampa, FL 33624
Principal Place of Business     21	2a. Mailing Address 26 4131 Gunn Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

## **FILED** Mar 06, 1999 8:00 am § Secretary of State

03-06-1999 90127 019 \*\*\*\*61.25

Principal Place	of Business	Mailing Address		11			
			WAVE 4131 Gunnthuy		-#		
TAMPA FL 336	24	MAMIFE SSIFE TOM	ipa,	FL			
US				3624	f i ## Hill #13 10100 tillt batti outti ##111 00	11(1) # E   E   E   11(2) 11(4) E   10	101 0111 1001
			•	J-40- 1			
2		2a. Mailing Address			3. Date Incorporated or Qualifed	<del></del>	
∠. Principal Pi —7	ace of Business	1 1 1 1 C	- 44	1.37	11/15/1993	•	ļ
21			11 (1	$\omega_{\perp}$	4. FEI Number	An	plied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_85-0489964	<del></del> -	t Applicable
22		27			_00_0403304	<del>- + +</del>	
City & State	9	City & State	FL		5. Certifcate of Status Desired	<b>\$8.75</b> A	
23		28 lampa	04-				<del></del>
, Zip	Country	- Zig 22 1 21 -	Country	2	6. Election Campaign Financing	\$5.00	
24	25	29 25 624 30	<u>د</u> ب ا		Trust Fund Contribution	Added to	) Fees
	9. Name and Address of Current i	Registered Agent			10. Name and Address of New Registe	rea Agent	<del></del>
			81	Name			İ
GREENAC	RE PROPERTIES INC		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
4131 GUN							
TAMPA FL			83		<del></del>		
IANICATE	. 30024					85 Zip C	`ada
			84	City	†	FL   S   Z   S	,000
11 Dureyant	to the provisions of Sections 617 0502	and 617 1508 Florida Statutes 1	the above	-named con	poration submits this statement for the purpos	e of changing its	registered
office or re	enistered agent, or both, in the State of	Florida, Such change was autho	onzea by	tne corporat	tion's board of directors. I hereby accept the a	ppointment as reg	gistered
agent. I a	m familiar with, and accept the obligatio	ns of, Section 617.0503, Florida	Statutes	•			ļ
SIGNATURE				<del> </del>	med when reinstation) DAT	c	
12.	Signature, typed or printed name of registered agent a OFFICERS AND		13.	t signature requir	ADDITIONS/CHANGES TO OFFICER		RS IN 12
		DIRECTORS	1,1 TITLE		3TD	☐ Change	Addition
TITLE	VD	POCTETE			steven Tromas Her		
NAME	SECORD, KEITH	1	1.2 NAME	J	Control Soph	# 10T	]
STREET ADDRESS	4902 EISENHOWER BLVD STE 10	00	1.3 STREET	ADDRESS		. —	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-S	r-zip	10mpa, FL 3363	<u> </u>	
TITLE	PD	☐ DELETE	2.1 TITLE		-	Change	☐ Addition
NAME	HUDRLIK, DEBORA L		2.2 NAME		. •		
STREET ADDRESS	4902 EISENHOWER BLVD #100		2.3 STREET	ADDRESS	•		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-S	T-ZIP	~~	<u>معد</u>	
TITLE	ST	DELETE	3.1 TITLE		10	Change	Addition
NAME	COHILL, WILLIAM	$\wedge$	3.2 NAME	10	Bory Beta		
i	•		3.3 STREET	6	4902 Eschower	Blud #	100
STREET ADORESS	4902 EISENHOWER BLVD #100				Tompa, FL 336	34	ļ
CITY-ST-ZIP	TAMPA FL 33634	□ DELETE	3.4. CITY-S 4.1 TITLE	1-212		Change	Addition
TITLE		∟ Vttric					_
NAME			4, 2 NAME				1
STREET ADDRESS			4.3 STREET			•	+
CITY-ST-ZIP			4.4 CITY+S	T-ZIP		Change	Addition
TITLE		☐ DELETE	5.1 TITLE			. Change	☐ Addition
NAME			5.2 NAME			•	ł
STREET ADDRESS			5.3 STREET	ADDRESS			ļ
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	·		
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME	1			
STREET ADDRESS			6.3 STREE	TADDRESS			}
2117F1 UDOLF30							I .

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP